



UNITED STATES DEPARTMENT OF COMMERCE  
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DATE: 03/15/01

TO: \_\_\_\_\_

FROM: Office of Initial Patent Examination  
Unit 7 (RAM Team)

SUBJECT: Insufficient Funds

Deposit account number 23-3050.

On 03/15/01 there were insufficient funds available to charge the attached fee.

If you have any question, please contact Vivian Perry (Supervisor, RAM Team) on 308-8527.

Terminal Operator:    

jc997 U.S. PRO  
09/802668  
03/09/01



*Not enough \$  
charge for  
multiple claim*

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/802,668

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS		118	
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		195 minus 20 =	* 175
INDEPENDENT CLAIMS		28 minus 3 =	* 25
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	3150.00
X80=	2000.00
+270=	270.00
TOTAL	6130.00

OTHER THAN  
SMALL ENTITY  
OR

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	* 195	Minus	** 195	= 0		
Independent	* 28	Minus	*** 28	= 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDT. FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	* 195	Minus	** 195	= 0		
Independent	* 28	Minus	*** 28	= 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDT. FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	* 195	Minus	** 195	= 0		
Independent	* 28	Minus	*** 28	= 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.